



Chapter 10: SURS Edits 7000-7999

Revision History

Document Version Number	Revision Date	Revision Page Number(s)	Reason for Revisions	Revisions Completed By
Version 1.0	December 31, 1999	All	Updated edits and audits	Leanna Collisi and Brandy Ludlum
Version 2.4	December 31, 2001	All	Fourth quarter 2001 updates Updated edits 7500, 7502, 7509	Susan Mariutto
Version 3.2	June 28, 2002	10-1-7	Updated edits 7502	Susan Mariutto
Version 3.4	December 2002	10-1-7	Updated edit 7502	Susan Mariutto
Version 4.4	December 2003	10-1-7	Updates edit 7502	Susan Mariutto
Version 5.3	September 2004	10-1-22	Update edit 7509.	Leo Dabbs
Version 6.2	June 30, 2005	Various	Update edits 7001, 7002, 7003, and 7004.	Leo Dabbs
Version 6.3	October 5, 2005	Various	Update edits 7000, 7001, 7002, 7003, 7004, 7501, and 7509.	Leo Dabbs
Version 6.4	December 31, 2005	10-1-11	Update edit 7500.	Leo F. Dabbs

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Section 1: SURS Edits 7000-7999

Overview

SUR edits were established to allow the SUR examiners to perform prepayment administrative reviews on identified providers and recipients.

As other claim types and programs are defined, exceptions to these edits can be identified and the edits can then be changed or modified to prevent valid claims from being suspended or denied.

Edit: ESC 7000 Denied for Produr Alert

<i>Note: Edit 7000 new October 5, 2005.</i>

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
P	00	All	Detail	No	No	0

Disposition	P
00 Other	Deny
25 Point of Service w/o attach	Deny

Edit Description

Fail this edit if claim is denied for a Produr Alert.

Edit Criteria

If claim is denied or a Produr Alert, fail this edit with EOB 7000.

EOB Code

0577 – Pharmacist can override by using NCPDP DUR codes

ARC Code

62 – Payment denied/ reduced for absence of, or exceed.

Remark Code

N35 – Program integrity/utilization review decision.

NCPDP Code

88 – DUR Reject Error

Method of Correction

Claims will systematically pay; no correction needed from the resolutions staff.

Edit: ESC 7001 Information Produr Alert

<i>Note: Edit 7001 revised October 5, 2005.</i>

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
P	00	All	Detail	No	Yes	0

Disposition	P
00 Other	Pay
25 Point of Service w/o attach	Pay

Edit Description

Informational Produr Alert.

Edit Criteria

Informational Produr Alert, fail this edit with EOB 7001.

EOB Code

7001 – Informational Produr Alert.

ARC Code

62 – Payment denied/reduced for absence of, or exceed,

Remark Code

N35 – Program integrity/utilization review decision.

NCPDP Code

88 – DUR Reject Error

Method of Correction

Claims will systematically pay; no correction needed from the resolutions staff.

Edit: ESC 7001 Information Produr Alert

<i>Note: Edit 7001 new April 29, 2005.</i>
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Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
P	00	All	Detail	No	Yes	0

Disposition	P
Paper Claim	Pay
ECS	Pay
Shadow	Pay
POS	Pay
Adjustments	Pay
Special Batch	Pay

Edit Description

Informational Produr Alert.

Edit Criteria

Informational Produr Alert, fail this edit with EOB 7001.

EOB Code

7001 – Informational Produr Alert.

ARC Code

16 – Claim/service lacks information which is needed for adjudication.
Additional information is supplied when using remittance advice remark codes whenever appropriate.

Remark Code

N35 – Program integrity/utilization review decision.

NCPDP Code

88 – DUR Reject Error

Method of Correction

Claims will systematically pay; no correction needed from the resolutions staff.

Edit: ESC 7002 Claim Denied for DUR Reasons

<i>Note: Edit 7002 revised October 5, 2005.</i>

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
P	00	All	Detail	No	Yes	0

Disposition	P
10 Paper w/o attach	Pay
20 ECS w/o attach	Pay
22 Shadow	Pay
25 Point of Service w/o attach	Deny

Edit Description

Fail this edit, if claim denied for DUR reasons.

Edit Criteria

If claim is denied for a DUR reason, fail this edit with EOB 7002.

EOB Code

7002 – Claim Denied for DUR Reasons.

ARC Code

62 – Payment denied/reduced for absence of, or exceed.

Remark Code

N35 – Program integrity/utilization review decision.

NCPDP Code

88 – DUR Reject Error

Method of Correction

Claims will systematically pay; no correction needed from the resolutions staff.

Edit: ESC 7002 Claim Denied for DUR Reasons

<i>Note: Edit 7002 new April 29, 2005.</i>
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Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
P	00	All	Detail	No	Yes	0

Disposition	P
Paper Claim	Pay
ECS	Pay
Shadow	Pay
POS	Deny
Adjustments	Pay
Special Batch	Pay

Edit Description

Fail this edit, if claim denied for DUR reasons.

Edit Criteria

If claim is denied for a DUR reason, fail this edit with EOB 7002.

EOB Code

7002 – Claim Denied for DUR Reasons.

ARC Code

16 – Claim/service lacks information which is needed for adjudication.
Additional information is supplied when using remittance advice remark codes whenever appropriate.

Remark Code

N35 – Program integrity/utilization review decision.

NCPDP Code

88 – DUR Reject Error

Method of Correction

Claims will systematically pay; no correction needed from the resolutions staff.

Edit: ESC 7003 Produr Alert Requires PA

<i>Note: Edit 7003 revised October 5, 2005.</i>

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
P, Q	00	All	Detail	No	No	0

00 Other	Deny	Pay	
10 Paper w/o attach	Deny	Pay	
11 Paper w/attach	Deny	Pay	
20 ECS w/o attach	Pay	Pay	
22 Shadow	Pay	Pay	
25 Point of Service w/o attach	Deny	Pay	

Edit Description

Fail this edit, if Produr Alert requires PA.

Edit Criteria

If Produr Alert requires PA, fail this edit with EOB 7003.

EOB Code

0586 – This drug requires prior authorization due to produr edits.

ARC Code

62 – Payment denied/reduced for absence of, or exceed.

Remark Code

N35 – Program integrity/utilization review decision.

NCPDP Code

75 – Prior Authorization Required.

Method of Correction

Claims will systematically pay; no correction needed from the resolutions staff.

Edit: ESC 7003 Produr Alert Requires PA

<i>Note: Edit 7003 new April 29, 2005.</i>
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Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
P	00	All	Detail	No	Yes	0

Disposition	P
Paper Claim	Pay
ECS	Pay
Shadow	Pay
POS	Deny
Adjustments	Pay
Special Batch	Pay

Edit Description

Fail this edit, if Produr Alert requires PA.

Edit Criteria

If Produr Alert requires PA, fail this edit with EOB 7003.

EOB Code

7003 – Produr Alert requires PA.

ARC Code

16 – Claim/service lacks information which is needed for adjudication.
Additional information is supplied when using remittance advice remark codes whenever appropriate.

Remark Code

N35 – Program integrity/utilization review decision.

NCPDP Code

88 – DUR Reject Error

Method of Correction

Claims will systematically pay; no correction needed from the resolutions staff.

Edit: ESC 7004 Non-Overrideable Produr Alert

<i>Note: Edit 7004 revised October 5, 2005.</i>

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
P	00	All	Detail	No	No	0

Disposition	B
00 Other	Deny
10 Paper w/o attach	Pay
20 ECS w/o attach	Pay
22 Shadow	Pay
25 Point of Service w/o attach	Deny

Edit Description

Fail this edit, if non-overrideable Produr Alert.

Edit Criteria

If non-overrideable Produr Alert, fail this edit with EOB 7004.

EOB Code

7004 – Non-overrideable Produr Alert.

ARC Code

62 – Payment denied/reduced for absence of, or exceed.

Remark Code

N35 – Program integrity/utilization review decision.

NCPDP Code

88 – DUR Reject Error

Method of Correction

Claims will systematically pay; no correction needed from the resolutions staff.

Edit: ESC 7004 Non-Overrideable Produr Alert

<i>Note: Edit 7004 new April 29, 2005.</i>
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Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
P	00	All	Detail	No	Yes	0

Disposition	P
Paper Claim	Pay
ECS	Pay
Shadow	Pay
POS	Deny
Adjustments	Pay
Special Batch	Pay

Edit Description

Fail this edit, if non-overrideable Produr Alert.

Edit Criteria

If non-overrideable Produr Alert, fail this edit with EOB 7004.

EOB Code

7004 – Non-overrideable Produr Alert.

ARC Code

16 – Claim/service lacks information which is needed for adjudication.
Additional information is supplied when using remittance advice remark codes whenever appropriate.

Remark Code

N35 – Program integrity/utilization review decision.

NCPDP Code

88 – DUR Reject Error

Method of Correction

Claims will systematically pay; no correction needed from the resolutions staff.

Edit: ESC 7500 Billing Provider on Prepayment Review*Note: Edit 7500 revised October 11, 2005.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
A, D, H, I, L, M, O, P, Q	30	All, except MRT and PASRR	Detail	Yes	Yes	0

Disposition	D, H, I, L, M, O, P, Q	A	P, Q
00 Other	Suspend	Inactive	Suspend
10 Paper w/o attach	Suspend	Inactive	Deny
11 Paper w/attach	Suspend	Inactive	Suspend
20 ECS w/o attach	Deny	Inactive	CCF
21 ECS w/attach	CCF	Inactive	CCF
22 Shadow	Pay	Inactive	Pay
25 Point of Service w/o attach	Deny	Inactive	Deny
50 Voids/Replacement non-check related	Suspend	Inactive	Suspend
51 Voids/Replacement check related	Suspend	Inactive	Suspend
52 Shadow Replacement	Pay	Inactive	Pay
55 Mass Replacement NH	Inactive	Inactive	Inactive
56 Mass Replacement FIN	Inactive	Inactive	Inactive
57 Mass Replacement Reprocess SE	Inactive	Inactive	Inactive
58 Replacement Processes by EDS SE	Inactive	Inactive	Inactive
61 Elec. Replacement w/attach or claim note	CCF	Inactive	CCF
62 Elec. Replacement w/o attach or claim note	Deny	Inactive	Deny
64 Spenddown EOM auto-initiated Mass Replacement	Inactive	Inactive	Inactive
72 Payer Elec. Replacement	Deny	Inactive	Deny
90 Special Batch	Suspend	Inactive	Suspend

Edit Description

Fail this edit when the Provider Restricted Services screen is set to active (A) for the billing provider number.

This edit will fail if the billing provider on claim is restricted from billing specific claim types, procedure, revenue, or national drug code (NDC), or billing claims from a specific place of service.

Edit Criteria

If the status field on the Provider Restricted Services Maintenance window equals **A**, the claim type on the window is blank or is equal to claim type being processed, the detail from date of service is equal to or greater than the effective date and equal to

or less than the end date, the place of service on the window is blank or is equal to the place of service on the claim, the **In/Exc** indicator on the window is equal to **I**, and the procedure code, revenue code, or NDC code on the claim falls within the appropriate range, the modifier on the window is blank or is equal to either the first, second, or third modifier on the claim, fail this edit with EOB7500.

Special Considerations For Procedure, NDC, and Revenue Code:

If the claim type being processed equals medical (M), dental (D) or home health (H) it should be assumed that the provider would be restricted by a five-digit procedure code.

If the claim type equal inpatient (I), nursing home (L), or outpatient (O) it should be assumed that the provider would be restricted by a three-digit revenue code.

If the claim type equal pharmacy (P) it should be assumed that the provider would be restricted by an 11-digit NDC.

If the **In/Exc** indicator is equal to **E**, and the procedure code, revenue code, or NDC code on the claim falls within the appropriate range, **bypass** this edit.

If the status field is **I**, it indicates that the restriction is no longer in effect for the provider. The claim should **bypass** the edit.

Other Coding Considerations

A provider can have more than one occurrence of a restriction; therefore, each occurrence must be checked for each detail.

EOB Code

7500 – Your claim is being reviewed.

ARC Code

133 – The disposition of this claim/service is pending further review.

Remark Code

N35– Program Integrity/Utilization Review Decision.

Method of Correction

Review all claims that suspend for this edit according to prepayment review criteria.

Edit: ESC 7500 Billing Provider on Prepayment Review*Note: Edit 7500 revised October 19, 2001.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
A, D, H, I, L, M, O, P, Q	30	All	Detail	Yes	Yes	0

Disposition	A	D, H, I, L, M, O, P, Q
Paper Claim	Inactive	Suspend
ECS	Inactive	Deny
Shadow	Inactive	Pay
POS	Inactive	Deny
Adjustments	Inactive	Suspend
Special Batch	Inactive	Suspend

Edit Description

Fail this edit when the Provider Restricted Services screen is set to active (A) for the billing provider number.

This edit will fail if the billing provider on claim is restricted from billing specific claim types, procedure, revenue, or national drug code (NDC), or billing claims from a specific place of service.

Edit Criteria

If the status field on the Provider Restricted Services Maintenance window equals **A**, the claim type on the window is blank or is equal to claim type being processed, the detail from date of service is equal to or greater than the effective date and equal to or less than the end date, the place of service on the window is blank or is equal to the place of service on the claim, the **In/Exc** indicator on the window is equal to **I**, and the procedure code, revenue code, or NDC code on the claim falls within the appropriate range, the modifier on the window is blank or is equal to either the first, second, or third modifier on the claim, fail this edit with EOB7500.

Special Considerations For Procedure, NDC, and Revenue Code:

- If the claim type being processed equals medical (M), dental (D) or home health (H) it should be assumed that the provider would be restricted by a five-digit procedure code.
- If the claim type equal inpatient (I), nursing home (L), or outpatient (O) it should be assumed that the provider would be restricted by a three-digit revenue code.
- If the claim type equal pharmacy (P) it should be assumed that the provider would be restricted by an 11-digit NDC.

If the **In/Exc** indicator is equal to **E**, and the procedure code, revenue code, or NDC code on the claim falls within the appropriate range, **bypass** this edit.

If the status field is **I**, it indicates that the restriction is no longer in effect for the provider. The claim should **bypass** the edit.

Other Coding Considerations

A provider can have more than one occurrence of a restriction; therefore, each occurrence must be checked for each detail.

EOB Code

7500 – Your claim is being reviewed.

Method of Correction

Review all claims that suspend for this edit according to prepayment review criteria.

Edit: ESC 7500 Billing Provider on Prepayment Review

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
A, D, H, I, L, M, O, P, Q	30	All	Detail	Yes	Yes	0

Disposition	A, D, H, I, L, M, O, P, Q
Paper Claim	Suspend
ECS	Deny
Shadow	Pay
POS	Deny
Adjustments	Suspend
Special Batch	Suspend

Edit Description

Fail this edit when the Provider Restricted Services screen is set to active (A) for the billing provider number.

This edit will fail if the billing provider on claim is restricted from billing specific claim types, procedure, revenue, or national drug code (NDC), or billing claims from a specific place of service.

Edit Criteria

If the status field on the Provider Restricted Services Maintenance window equals **A**, the claim type on the window is blank or is equal to claim type being processed, the detail from date of service is equal to or greater than the effective date and equal to or less than the end date, the place of service on the window is blank or is equal to the place of service on the claim, the **In/Exc** indicator on the window is equal to **I**, and the procedure code, revenue code, or NDC code on the claim falls within the appropriate range, the modifier on the window is blank or is equal to either the first, second, or third modifier on the claim, fail this edit with EOB7500.

Special Considerations For Procedure, NDC, and Revenue Code:

- If the claim type being processed equals medical (M), dental (D) or home health (H) it should be assumed that the provider would be restricted by a five-digit procedure code.
- If the claim type equal inpatient (I), nursing home (L), or outpatient (O) it should be assumed that the provider would be restricted by a three-digit revenue code.
- If the claim type equal pharmacy (P) it should be assumed that the provider would be restricted by an 11-digit NDC.

If the **In/Exc** indicator is equal to **E**, and the procedure code, revenue code, or NDC code on the claim falls within the appropriate range, **bypass** this edit.

If the status field is **I**, it indicates that the restriction is no longer in effect for the provider. The claim should **bypass** the edit.

Other Coding Considerations

A provider can have more than one occurrence of a restriction; therefore, each occurrence must be checked for each detail.

EOB Code

7500 – Your claim is being reviewed.

Method of Correction

Review all claims that suspend for this edit according to prepayment review criteria.

Edit: ESC 7501 Recipient Locked-In to Specific Prescribing Provider

Note: Edit 7501 revised October 5, 2005.

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
P, Q	31	All	Header	Yes	Yes	0

Disposition	P, Q
00 Other	Deny
22 Shadow	Pay
50 Voids/Replacement non-check related	Deny
51 Voids/Replacement check related	Deny
52 Shadow Replacement	Inactive
53 Shadow Claims Void	Inactive
55 Mass Replacement NH	Inactive
56 Mass Replacement FIN	Inactive
57 Mass Replacement Reprocess SE	Inactive
58 Replacement processed by EDS SE	Inactive
90 Special Batch	Deny

Edit Description

Fail this edit if the recipient is locked in to a specific prescribing provider on the restricted services screen and that provider is not present on the claim.

Edit Criteria

If the recipient's restricted services indicator is set to **I** and the date(s) of service on the claim is equal to or greater than the restriction effective date, and less than or equal to the restriction end date, go to the Recipient Provider's per Restriction Period screen on the recipient database. If the claim type is found on the Recipient Provider's per Restriction window, and the prescribing provider type and specialty match the type and specialty for the claim type found on the Recipient Provider's per Restriction window, **and** if the claim's prescribing provider number is **not** found on the Recipient Provider's per Restriction window, go to the recipient's PMP Assignment History window. If the prescribing provider number is **not** found on either window or if the provider is found and the date of service on the claim is less than the effective date for the provider or greater than the end date for the provider, fail this edit with EOB 7501. In order for this edit to function accurately, the prescriber's license number on the claim needs to be converted to a valid provider ID number, then verified against the Recipient's Provider Restriction screen on the recipient database.

EOB Code

7501 – Prescription not written by valid lock-in prescriber.

ARC Code

96 – Non-covered charges.

Remark Code

N10 – Claim/service adjusted based on the findings of a review organization.

NCPDP Reject Code

M2 – Recipient locked in.

Method of Correction

Review all claims that suspend for this edit according to restricted card criteria.

Edit: ESC 7501 Recipient Locked-In to Specific Prescribing Provider

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
P, Q	31	All	Header	Yes	Yes	0

Disposition	P, Q
Paper Claim	Suspend
ECS	Suspend
Shadow	N/A
POS	Suspend
Adjustments	Suspend
Special Batch	Suspend

Edit Description

Fail this edit if the recipient is locked in to a specific prescribing provider on the restricted services screen and that provider is not present on the claim.

Edit Criteria

If the recipient's restricted services indicator is set to **I** and the date(s) of service on the claim is equal to or greater than the restriction effective date, and less than or equal to the restriction end date, go to the Recipient Provider's per Restriction Period screen on the recipient database. If the claim type is found on the Recipient Provider's per Restriction window, and the prescribing provider type and specialty match the type and specialty for the claim type found on the Recipient Provider's per Restriction window, **and** if the claim's prescribing provider number is **not** found on the Recipient Provider's per Restriction window, go to the recipient's PMP Assignment History window. If the prescribing provider number is **not** found on either window or if the provider is found and the date of service on the claim is less than the effective date for the provider or greater than the end date for the provider, fail this edit with EOB 7501. In order for this edit to function accurately, the prescriber's license number on the claim needs to be converted to a valid provider ID number, then verified against the Recipient's Provider Restriction screen on the recipient database.

EOB Code

7501 – Your claim is being reviewed.

Method of Correction

- Review all claims that suspend for this edit according to restricted card criteria.

Edit: ESC 7502 Recipient Lock-In to Specific Provider*Note: Edit 7502 revised November 17, 2003.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
A, B, C, D, H, I, L, M, O, P, Q	31	All	Header	Yes	Yes	0

Disposition	A, B, C	D, H, I, L, M, O, P, Q
Paper Claim	Deny	Inactive
ECS	Deny	Inactive
Shadow	Pay	Inactive
POS	Deny	Inactive
Adjustments	Deny	Inactive
Special Batch	Suspend	Inactive

Edit Description

Fail this edit if the recipient is locked in to a specific billing, rendering, or referring provider or a group number on the restricted services screen and that provider is not present on the claim.

Edit Criteria

For individual providers on a members lock-in if the member's restricted services indicator is set to I and the date(s) of service on the claim is equal to or greater than the restriction effective date and less than or equal to the restriction end date, then go to the Recipient Provider per Restriction Period screen on the recipient database. If the claim's claim type is found on the Recipient Provider's per Restriction window, and the claim's rendering, billing, referring or any other provider on the claim's provider type and specialty match the type and specialty, or the specialties listed for the provider on the Provider Service Location – Provider Specialties window, for the claim type found on the Recipient Provider's per Restriction window, and if the provider is found and the date of service on the claim is less than the effective date for the provider or greater than the end date for the provider, fail this edit with error status code 7502.

If the claim's rendering, billing, referring or any other provider on the claim's provider type equals 31, go to the provider's specialty. If the provider's specialty is not found on the Recipient Provider's per Restriction window, fail this edit with EOB 7502. If the claim's rendering, billing, referring or any other provider on the claim's provider type is other than 31 and the claim's rendering, billing, referring or any other provider on the claim's provider type and specialty match the type and specialty for the claim type found on the Recipient Provider's per Restriction window, force the claim. If the claim's rendering, billing, referring or any other provider on the claim's provider type is other than 31 and the provider type is not found on the Recipient Provider's per Restriction window, force the claim.

For group numbers of individual providers on a members lock-in, if the member's restricted services indicator is set to I and the date(s) of service on the claim is equal to or greater than the restriction effective date and less than or equal to the restriction end date, then go to the Recipient Provider per Restriction Period screen on the member database. If the claim type is found on the Recipient Provider's per

Restriction window and if the provider is found and the date of service on the claim is less than the effective date for the provider or greater than the end date for the provider, fail this edit with error status code 7502.

Bypass this edit if any of the diagnosis codes are in the emergency diagnosis group 21 (see *Appendix A*).

EOB Code

7502 – Member locked in to a specific provider.

Method of Correction

Claims failing this edit systematically deny.

Edit: ESC 7502 Recipient Lock-In to Specific Provider*Note: Edit 7502 revised November 21, 2002.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
A, B, C, D, H, I, L, M, O, P, Q	31	All	Header	No	Yes	0

Disposition	A, B, C	D, H, I, L, M, O, P, Q
Paper Claim	Deny	Inactive
ECS	Deny	Inactive
Shadow	Pay	Inactive
POS	Deny	Inactive
Adjustments	Deny	Inactive
Special Batch	Suspend	Inactive

Edit Description

Fail this edit if the recipient is locked in to a specific billing, rendering, or referring provider **or a group number** on the restricted services screen and that provider is not present on the claim.

Edit Criteria

For individual providers on a members lock-in if the member's restricted services indicator is set to I and the date(s) of service on the claim is equal to or greater than the restriction effective date and less than or equal to the restriction end date, then go to the Recipient Provider per Restriction Period screen on the recipient database. If the claim's claim type is found on the Recipient Provider's per Restriction window, and the claim's rendering, billing, referring **or any other provider on the claim's** provider type and specialty match the type and specialty, or the specialties listed for the provider on the Provider Service Location – Provider Specialties window, for the claim type found on the Recipient Provider's per Restriction window, and if the provider is found and the date of service on the claim is less than the effective date for the provider or greater than the end date for the provider, fail this edit with error status code 7502.

If the claim's rendering, billing, referring **or any other provider on the claim's** provider type equals 31, go to the provider's specialty. If the provider's specialty is not found on the Recipient Provider's per Restriction window, fail this edit with EOB 7502. If the claim's rendering, billing, referring **or any other provider on the claim's** provider type is other than 31 and the claim's rendering, billing, referring **or any other provider on the claim's** provider type and specialty match the type and specialty for the claim type found on the Recipient Provider's per Restriction window, force the claim. If the claim's rendering, billing, referring **or any other provider on the claim's** provider type is other than 31 and the provider type is not found on the Recipient Provider's per Restriction window, force the claim.

For group numbers of individual providers on a members lock-in, if the member's restricted services indicator is set to I and the date(s) of service on the claim is equal to or greater than the restriction effective date and less than or equal to the restriction end date, then go to the Recipient Provider per Restriction Period screen on the member database. If the claim type is found on

the Recipient Provider's per Restriction window and if the provider is found and the date of service on the claim is less than the effective date for the provider or greater than the end date for the provider, fail this edit with error status code 7502.

Bypass this edit if any of the diagnosis codes are in the emergency diagnosis group 21 (see *Appendix A*).

EOB Code

7502 – Member locked in to a specific provider.

Method of Correction

Claims failing this edit systematically deny

Edit: ESC 7502 Recipient Lock-In to Specific Provider*Note: Edit 7502 revised May 6, 2002.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
A, B, C, D, H, I, L, M, O, P, Q	31	All	Header	No	Yes	0

Disposition	A, B, C	D, H, I, L, M, O, P, Q
Paper Claim	Deny	Inactive
ECS	Deny	Inactive
Shadow	Pay	Inactive
POS	Deny	Inactive
Adjustments	Deny	Inactive
Special Batch	Suspend	Inactive

Edit Description

Fail this edit if the recipient is locked in to a specific billing, rendering, or referring provider on the restricted services screen and that provider is not present on the claim.

Edit Criteria

If the member's restricted services indicator is set to I and the date(s) of service on the claim is equal to or greater than the restriction effective date and less than or equal to the restriction end date, then go to the Recipient Provider per Restriction Period screen on the recipient database. If the claim's claim type is found on the Recipient Provider's per Restriction window, and the claim's rendering, billing or referring provider type and specialty match the type and specialty, or the specialties listed for the provider on the Provider Service Location – Provider Specialties window, for the claim type found on the Recipient Provider's per Restriction window, and if the provider is found and the date of service on the claim is less than the effective date for the provider or greater than the end date for the provider, fail this edit with error status code 7502.

If the claim's rendering, billing or referring provider type equals 31, go to the provider's specialty. If the provider's specialty is not found on the Recipient Provider's per Restriction window, fail this edit with EOB 7502. If the claim's rendering, billing or referring provider type is other than 31 and the claim's rendering, billing or referring provider type and specialty match the type and specialty for the claim type found on the Recipient Provider's per Restriction window, force the claim. If the claim's rendering, billing or referring provider type is other than 31 and the provider type is not found on the Recipient Provider's per Restriction window, force the claim.

Bypass this edit if any of the diagnosis codes are in the emergency diagnosis group 21 (see *Appendix A*).

EOB Code

7502 – Member locked in to a specific provider.

Method of Correction

Claims failing this edit systematically deny.

Edit: ESC 7502 Recipient Lock-In to Specific Provider*Note: Edit 7502 revised October 19, 2001.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
A, B, C, D, H, I, L, M, O, P, Q	31	All	Header	No	Yes	0

Disposition	A, B, C	D, H, I, L, M, O, P, Q
Paper Claim	Inactive	Deny
ECS	Inactive	Deny
Shadow	Inactive	Pay
POS	Inactive	Deny
Adjustments	Inactive	Deny
Special Batch	Inactive	Deny

Edit Description

Fail this edit if the recipient is locked in to a specific billing, rendering, or referring provider on the restricted services screen and that provider is not present on the claim.

Edit Criteria

If the recipient's restricted services indicator is set to **I** and the date(s) of service on the claim is equal to or greater than the restriction effective date and less than or equal to the restriction end date, then go to the Recipient Provider per Restriction Period screen on the recipient database. If the claim's claim type is found on the Recipient Provider's per Restriction window, and the **claim's** rendering, billing or referring provider type and specialty match the type and specialty, or the specialties listed for the provider on the Provider Service Location – Provider Specialties window, for the claim type found on the Recipient Provider's per Restriction window, **and** if the provider is found and the date of service on the claim is less than the effective date for the provider or greater than the end date for the provider, fail this edit with error status code 7502.

If the **claim's** rendering, billing or referring provider type equals **31**, go to the provider's specialty. If the provider's specialty is **not** found on the Recipient Provider's per Restriction window, fail this edit with EOB 7502. If the **claim's** rendering, billing or referring provider type is other than **31** and the **claim's** rendering, billing or referring provider type and specialty match the type and specialty for the claim type found on the Recipient Provider's per Restriction window, force the claim. If the claim's rendering, billing or referring provider type is other than **31** and the provider type is not found on the Recipient Provider's per Restriction window, force the claim.

Bypass this edit if any of the diagnosis codes are in the emergency diagnosis group 21 (see *Appendix A*).

EOB Code

7502 – Recipient locked in to a specific provider.

Method of Correction

Claims failing this edit systematically deny.

Edit: ESC 7502 Recipient Lock-In to Specific Provider

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
A, B, C, D, H, I, L, M, O, P, Q	31	All	Header	No	Yes	0

Disposition	A, B, C, D, H, I, L, M, O, P, Q
Paper Claim	Deny
ECS	Deny
Shadow	Pay
POS	Deny
Adjustments	Deny
Special Batch	Deny

Edit Description

Fail this edit if the recipient is locked in to a specific billing, rendering, or referring provider on the restricted services screen and that provider is not present on the claim.

Edit Criteria

If the recipient's restricted services indicator is set to **I** and the date(s) of service on the claim is equal to or greater than the restriction effective date and less than or equal to the restriction end date, then go to the Recipient Provider per Restriction Period screen on the recipient database. If the claim's claim type is found on the Recipient Provider's per Restriction window, and the **claim's** rendering, billing or referring provider type and specialty match the type and specialty, or the specialties listed for the provider on the Provider Service Location – Provider Specialties window, for the claim type found on the Recipient Provider's per Restriction window, **and** if the provider is found and the date of service on the claim is less than the effective date for the provider or greater than the end date for the provider, fail this edit with error status code 7502.

If the **claim's** rendering, billing or referring provider type equals **31**, go to the provider's specialty. If the provider's specialty is **not** found on the Recipient Provider's per Restriction window, fail this edit with EOB 7502. If the **claim's** rendering, billing or referring provider type is other than **31** and the **claim's** rendering, billing or referring provider type and specialty match the type and specialty for the claim type found on the Recipient Provider's per Restriction window, force the claim. If the claim's rendering, billing or referring provider type is other than **31** and the provider type is not found on the Recipient Provider's per Restriction window, force the claim.

Bypass this edit if any of the diagnosis codes are in the emergency diagnosis group 21 (see *Appendix A*).

EOB Code

7502 – Recipient locked in to a specific provider.

Method of Correction

Claims failing this edit will be systematically denied.

Edit: ESC 7503 Reserved for Future Use

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
						0

Disposition	
Paper Claim	
ECS	
Shadow	
POS	
Adjustments	
Special Batch	

Edit Description

Edit Criteria

EOB Code

Method of Correction

Edit: ESC 7504 Reserved for Future Use

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
						0

Disposition	
Paper Claim	
ECS	
Shadow	
POS	
Adjustments	
Special Batch	

Edit Description**Edit Criteria****EOB Code****Method of Correction**

Edit: ESC 7505 Reserved for Future Use

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
						0

Disposition	
Paper Claim	
ECS	
Shadow	
POS	
Adjustments	
Special Batch	

Edit Description**Edit Criteria****EOB Code****Method of Correction**

Edit: ESC 7506 Reserved for Future Use

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
						0

Disposition	
Paper Claim	
ECS	
Shadow	
POS	
Adjustments	
Special Batch	

Edit Description**Edit Criteria****EOB Code****Method of Correction**

Edit: ESC 7507 Reserved for Future Use

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
						0

Disposition	
Paper Claim	
ECS	
Shadow	
POS	
Adjustments	
Special Batch	

Edit Description**Edit Criteria****EOB Code****Method of Correction**

Edit: ESC 7508 Reserved for Future Use

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
						0

Disposition	
Paper Claim	
ECS	
Shadow	
POS	
Adjustments	
Special Batch	

Edit Description**Edit Criteria****EOB Code****Method of Correction**

Edit: ESC 7509 Rendering Provider on Prepayment Review*Note: Edit 7509 revised July 26, 2005.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
B, M, D	30	All except PASRR AND MRT	Detail	Yes	Yes	0

Disposition	M	B	D
00 Other	Suspend	Inactive	Inactive
10 Paper w/o attach	Deny	Inactive	Inactive
11 Paper w/attach	Suspend	Inactive	Inactive
20 ECS w/o attach	Deny	Inactive	Inactive
21 ECS w/attach	CCF	Inactive	Inactive
22 Shadow	Pay	Inactive	Inactive
25 Point of Service w/o attach	Deny	Inactive	Inactive
50 Voids/Replacement non-check related	Suspend	Inactive	Inactive
51 Voids/Replacement check related	Suspend	Inactive	Inactive
52 Shadow Replacement	Pay	Inactive	Inactive
55 Mass Replacement NH	Inactive	Inactive	Inactive
56 Mass Replacement FIN	Inactive	Inactive	Inactive
57 Mass Replacement Reprocess SE	Inactive	Inactive	Inactive
58 Replacement Processed by EDS SE	Inactive	Inactive	Inactive
61 Elec. Replacement w/attach or claim note	CCF	Inactive	Inactive
62 Elec. Replacement w/o attach or claim note	Deny	Inactive	Inactive
64 Spenddown EOM auto-initiated Mass Replacement	Inactive	Inactive	Inactive
72 Payer Elec. Replacement	Deny	Inactive	Inactive
80 Claims Reprocessed by EDS SE	Suspend	Inactive	Inactive
90 Special Batch	Suspend	Inactive	Inactive

Edit Description

Fail this edit when the Provider Restricted Services screen is set to active (A) for the rendering provider number.

This edit will fail if the rendering provider on a claim is restricted from billing specific claim types, procedure, revenue, or NDC, or billing claims from a specific place of service.

Edit Criteria

If the claim type on the window is blank or is equal to claim type being processed, the detail from date of service is equal to or greater than the effective date and equal to or less than the end date, the place of service on the window is blank or is equal to the place of service on the claim, the In/Exc indicator on the window is equal to "I", and the procedure code, revenue code, or NDC code on the claim falls within the appropriate range, the modifier on the window is blank or is equal to either the first, second, or third modifier on the claim, fail this edit with EOB7509.

Special Considerations for Procedure, NDC, and Revenue Code are:

- If the claim type being processed equals medical (M), dental (D), or home health (H), it should be assumed that the provider would be restricted by a five-digit procedure code.
- If the claim type equal inpatient (I), nursing home (L), or outpatient (O) it should be assumed that the provider would be restricted by a three-digit revenue code.
- If the claim type equal pharmacy (P) it should be assumed that the provider would be restricted by an 11-digit NDC.

If the **In/Exc** indicator is equal to **E**, and the procedure code, revenue code, or NDC code on the claim falls within the appropriate range, **bypass** this edit.

If the status field is **I** it indicates that the restriction is no longer in effect for the provider. The claim should **bypass** the edit.

****Per Angela Jackson at OMPP, make Dental Claim type inactive, until further notice.**

Other Coding Considerations

A provider can have more than one occurrence of a restriction; therefore, each occurrence must be checked for each detail.

EOB Code

7509 – Rendering provider on prepayment review.

ARC Code

96 – Non-covered charges.

Remark Code

N10 – Claim/Service adjusted based on the findings of a review organization/professional consult/manual adjudication medical or dental advisor.

Method of Correction

Review all claims that suspend for this edit according to prepayment review criteria.

Edit: ESC 7509 Rendering Provider on Prepayment Review*Note: Edit 7509 revised effective July 20, 2004.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
B, M	30	All	Detail	Yes	Yes	0

Disposition	M	B
Paper Claim	Suspend	Inactive
ECS	Deny	Inactive
ECS w/attachment	CCF	Inactive
Shadow	Pay	Inactive
POS	Deny	Inactive
Adjustments	Suspend	Inactive
Special Batch	Suspend	Inactive

Edit Description

Fail this edit when the Provider Restricted Services screen is set to active (A) for the rendering provider number.

This edit will fail if the rendering provider on a claim is restricted from billing specific claim types, procedure, revenue, or NDC, or billing claims from a specific place of service.

Edit Criteria

If the claim type on the window is blank or is equal to claim type being processed, the detail from date of service is equal to or greater than the effective date and equal to or less than the end date, the place of service on the window is blank or is equal to the place of service on the claim, the In/Exc indicator on the window is equal to "I", and the procedure code, revenue code, or NDC code on the claim falls within the appropriate range, the modifier on the window is blank or is equal to either the first, second, or third modifier on the claim, fail this edit with EOB7509.

Special Considerations for Procedure, NDC, and Revenue Code are:

- If the claim type being processed equals medical (M), dental (D), or home health (H), it should be assumed that the provider would be restricted by a five-digit procedure code.
- If the claim type equal inpatient (I), nursing home (L), or outpatient (O) it should be assumed that the provider would be restricted by a three-digit revenue code.
- If the claim type equal pharmacy (P) it should be assumed that the provider would be restricted by an 11-digit NDC.

If the **In/Exc** indicator is equal to **E**, and the procedure code, revenue code, or NDC code on the claim falls within the appropriate range, **bypass** this edit.

If the status field is **I** it indicates that the restriction is no longer in effect for the provider. The claim should **bypass** the edit.

Other Coding Considerations

A provider can have more than one occurrence of a restriction; therefore, each occurrence must be checked for each detail.

EOB Code

7509 – Rendering provider on prepayment review.

ARC Code

96 – Non-covered charges.

Remark Code

N10 – Claim/Service adjusted based on the findings of a review organization/professional consult/manual adjudication medical or dental advisor.

Method of Correction

Review all claims that suspend for this edit according to prepayment review criteria.

Edit: ESC 7509 Rendering Provider on Prepayment Review*Note: Edit 7509 revised October 19, 2001.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
B, M	30	All	Detail	Yes	Yes	0

Disposition	B	M
Paper Claim	Inactive	Suspend
ECS	Inactive	Deny
Shadow	Inactive	Pay
POS	Inactive	N/A
Adjustments	Inactive	Suspend
Special Batch	Inactive	Suspend

Edit Description

Fail this edit when the Provider Restricted Services screen is set to active (A) for the rendering provider number.

This edit will fail if the rendering provider on a claim is restricted from billing specific claim types, procedure, revenue, or NDC, or billing claims from a specific place of service.

Edit Criteria

If the status field on the Provider Restricted Services Maintenance Window equals **A**, the claim type on the window is blank or is equal to claim type being processed, the detail from date of service is equal to or greater than the effective date and equal to or less than the end date, the place of service on the window is blank or is equal to the place of service on the claim, the **In/Exc** indicator on the window is equal to **I**, and the procedure code, revenue code, or NDC code on the claim falls within the appropriate range, the modifier on the window is blank or is equal to either the first, second, or third modifier on the claim, fail this edit with EOB7509.

Special Considerations for Procedure, NDC, and Revenue Code:

- If the claim type being processed equals medical (M), dental (D), or home health (H), it should be assumed that the provider would be restricted by a five-digit procedure code.
- If the claim type equal inpatient (I), nursing home (L), or outpatient (O) it should be assumed that the provider would be restricted by a three-digit revenue code.
- If the claim type equal pharmacy (P) it should be assumed that the provider would be restricted by an 11-digit NDC.

If the **In/Exc** indicator is equal to **E**, and the procedure code, revenue code, or NDC code on the claim falls within the appropriate range, **bypass** this edit.

If the status field is **I** it indicates that the restriction is no longer in effect for the provider. The claim should **bypass** the edit.

Other Coding Considerations

A provider can have more than one occurrence of a restriction; therefore, each occurrence must be checked for each detail.

EOB Code

7509 – Rendering provider on prepayment review.

Method of Correction

Review all claims that suspend for this edit according to prepayment review criteria.

Edit: ESC 7509 Rendering Provider on Prepayment Review

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
B, M	30	All	Detail	Yes	Yes	0

Disposition	B, M
Paper Claim	Suspend
ECS	Deny
Shadow	Pay
POS	N/A
Adjustments	Suspend
Special Batch	Suspend

Edit Description

Fail this edit when the Provider Restricted Services screen is set to active (A) for the rendering provider number.

This edit will fail if the rendering provider on a claim is restricted from billing specific claim types, procedure, revenue, or NDC, or billing claims from a specific place of service.

Edit Criteria

If the status field on the Provider Restricted Services Maintenance Window equals **A**, the claim type on the window is blank or is equal to claim type being processed, the detail from date of service is equal to or greater than the effective date and equal to or less than the end date, the place of service on the window is blank or is equal to the place of service on the claim, the **In/Exc** indicator on the window is equal to **I**, and the procedure code, revenue code, or NDC code on the claim falls within the appropriate range, the modifier on the window is blank or is equal to either the first, second, or third modifier on the claim, fail this edit with EOB7509.

Special Considerations for Procedure, NDC, and Revenue Code:

- If the claim type being processed equals medical (M), dental (D), or home health (H), it should be assumed that the provider would be restricted by a five-digit procedure code.
- If the claim type equal inpatient (I), nursing home (L), or outpatient (O) it should be assumed that the provider would be restricted by a three-digit revenue code.
- If the claim type equal pharmacy (P) it should be assumed that the provider would be restricted by an 11-digit NDC.

If the **In/Exc** indicator is equal to **E**, and the procedure code, revenue code, or NDC code on the claim falls within the appropriate range, **bypass** this edit.

If the status field is **I** it indicates that the restriction is no longer in effect for the provider. The claim should **bypass** the edit.

Other Coding Considerations

A provider can have more than one occurrence of a restriction; therefore, each occurrence must be checked for each detail.

EOB Code

7509 – Rendering provider on prepayment review.

Method of Correction

Review all claims that suspend for this edit according to prepayment review criteria.

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